

**California Resident Income Tax Return 2005****540** C1 Side 1

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2006.

Place label here or print	Your first name	Initial	Last name	PBA Code	P AC A R RP  <b>3</b>
	<b>JOE</b>		<b>TAXPAYER</b>		
Name and Address	If joint return, spouse's first name Initial Last name				
	Present home address — number and street, PO Box, or rural route			Apt. no.	PMB no.
	<b>123 MAIN STREET</b>				
	City, town, or post office (If you have a foreign address, see instructions, page 17)			State	ZIP Code
	<b>ANYTOWN</b>			<b>CA</b>	<b>90000-0000</b>
SSN or ITIN	Your SSN or ITIN		Spouse's SSN or ITIN		<b>IMPORTANT:</b> Your SSN or ITIN is required.

Prior Name	If you filed your 2004 tax return under a different last name, write the last name only from the 2004 tax return.	
	Taxpayer	Spouse

Filing Status	1 <input checked="" type="radio"/> Single
	2 <input type="radio"/> Married filing jointly (even if only one spouse had income).
	3 <input type="radio"/> Married filing separately. Enter spouse's social security number above and full name here _____
	4 <input type="radio"/> Head of household (with qualifying person). STOP. See instructions, page 9.
	5 <input type="radio"/> Qualifying widow(er) with dependent child. Enter year spouse died _____

Exemptions	6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle <input type="radio"/> 6 <input type="radio"/>
	For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

Enclose, but do not staple, any payment.

**Dependent Exemptions**

7 <b>Personal:</b> If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions, page 10	7	<input type="checkbox"/> 1	X \$87 = \$	87
8 <b>Blind:</b> If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2	8	<input type="checkbox"/>	X \$87 = \$	
9 <b>Senior:</b> If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2	9	<input type="checkbox"/>	X \$87 = \$	
10 <b>Dependents:</b> Enter name and relationship. <b>Do not include yourself or your spouse.</b>				
Total dependent exemptions	10	<input type="checkbox"/>	X \$272 = \$	87
11 <b>Exemption amount:</b> Add line 7 through line 10. Transfer this amount to line 21	11			

**Taxable Income**

12 State wages from your Form(s) W-2, box 16 or CA Sch. W-2, line C	12	34,520
13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4	13	34,520
14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B	14	34,520
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions, page 17	15	
16 California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C	16	
17 California adjusted gross income. Combine line 15 and line 16	17	34,520
18 Enter the larger of: Your California <b>itemized deductions</b> from Schedule CA (540), line 44; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married filing separately ..... \$3,254 • Married filing jointly, Head of household, or Qualifying widow(er) .... \$6,508 If the circle on line 6 is filled in, STOP. See instructions, page 17	18	3,254
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	31,266

**Tax**

Attach copy of your Form(s) W-2, W-2G, 592-B, 593-B, and 594 here. If you completed CA Sch W-2, attach it to the back of your return.

Also attach any Form(s) 1099 showing California tax withheld.

20 Tax. Fill in circle if from: <input checked="" type="radio"/> Tax Table <input type="radio"/> Tax Rate Schedule <input type="radio"/> FTB 3800 or <input type="radio"/> FTB 3803	20	1,042
<b>Caution:</b> If under age 14 and you have more than \$1,600 of investment income, read the line 20 instructions to see if you must attach form FTB 3800 or FTB 3803.		
21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$143,839, see instructions, page 18	21	87
22 Subtract line 21 from line 20. If less than zero, enter -0-	22	955
23 Tax. See instructions, page 18. Fill in circle if from: <input type="radio"/> Schedule G-1, Tax on Lump-Sum Distributions <input type="radio"/> Form FTB 5870A, Tax on Accumulation Distribution of Trusts	23	
24 Add line 22 and line 23. Continue to Side 2	24	955

Your name: **JOE TAXPAYER**

Your SSN or ITIN: \_\_\_\_\_

<b>Special Credits and Non-refundable Renter's Credit</b>	<b>25</b>	Amount from Side 1, line 24	.....	<b>25</b>	<b>955</b>
	<b>28</b>	Enter credit name	code no. and amount	<b>28</b>	
	<b>29</b>	Enter credit name	code no. and amount	<b>29</b>	
	<b>30</b>	To claim more than two credits, see instructions, page 19	.....	<b>30</b>	
	<b>31</b>	Nonrefundable renter's credit. See instructions, page 20	.....	<b>31</b>	
	<b>32</b>	Add line 28 through line 31. These are your total credits	.....	<b>32</b>	<b>955</b>
	<b>33</b>	Subtract line 32 from line 25. If less than zero, enter -0-	.....	<b>33</b>	

<b>Other Taxes</b>	<b>34</b>	Alternative minimum tax. Attach Schedule P (540)	.....	<b>34</b>	
	<b>35</b>	Mental Health Services Tax. See instructions, page 20	.....	<b>35</b>	
	<b>36</b>	Other taxes and credit recapture. See instructions, page 20	.....	<b>36</b>	
	<b>37</b>	Add line 33 through line 36. This is your total tax	.....	<b>37</b>	<b>955</b>

<b>Payments</b>	<b>38</b>	California income tax withheld. See instructions, page 20	.....	<b>38</b>	<b>1,170</b>
	<b>39</b>	2005 CA estimated tax and other payments. See instructions, page 20	.....	<b>39</b>	
	<b>40</b>	Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions, page 21	.....	<b>40</b>	
	<b>41</b>	Excess SDI. To see if you qualify, see instructions, page 21	.....	<b>41</b>	

To view your 2005 estimated payments, go to <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a>					
<b>Child and Dependent Care Expenses Credit.</b> See instructions, page 21; attach form FTB 3506.					
	<b>42</b>		<b>43</b>		
	<b>44</b>		<b>45</b>		
	<b>46</b>	Add line 38, line 39, line 40, line 41, and line 45. See instructions page 21	.....	<b>46</b>	<b>1,170</b>

<b>Overpaid Tax/ Tax Due</b>	<b>47</b>	Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46	.....	<b>47</b>	<b>215</b>
	<b>48</b>	Amount of line 47 you want applied to your <b>2006</b> estimated tax	.....	<b>48</b>	
	<b>49</b>	Overpaid tax available this year. Subtract line 48 from line 47	.....	<b>49</b>	<b>215</b>
	<b>50</b>	Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions, page 21	.....	<b>50</b>	

<b>Use Tax</b>	<b>51</b>	Use Tax. <b>This is not a total line.</b> See instructions, page 22	.....	<b>51</b>	<b>00</b>
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<b>Contributions</b>					
		CA Seniors Special Fund. See instructions, page 28	.....	<b>52</b>	<b>00</b>
		Alzheimer's Disease/Related Disorders Fund	.....	<b>53</b>	<b>00</b>
		CA Fund for Senior Citizens	.....	<b>54</b>	<b>00</b>
		Rare and Endangered Species Preservation Program	.....	<b>55</b>	<b>00</b>
		State Children's Trust Fund for the			
		Prevention of Child Abuse	.....	<b>56</b>	<b>00</b>
		CA Breast Cancer Research Fund	.....	<b>57</b>	<b>00</b>
		CA Firefighters' Memorial Fund	.....	<b>58</b>	<b>00</b>
		Emergency Food Assistance Program Fund	.....	<b>59</b>	<b>00</b>
		CA Peace Officer Memorial Foundation Fund	.....	<b>60</b>	<b>00</b>
		CA Military Family Relief Fund	.....	<b>63</b>	<b>00</b>
		CA Prostate Cancer Research Fund	.....	<b>64</b>	<b>00</b>
		Veterans' Quality of Life Fund	.....	<b>65</b>	<b>00</b>
		CA Sexual Violence Victim Services Fund	.....	<b>66</b>	<b>00</b>
		CA Colorectal Cancer Prevention Fund	.....	<b>67</b>	<b>00</b>
	<b>68</b>	Add line 52 through line 67. These are your total contributions	.....	<b>68</b>	

<b>Refund or Amount You Owe</b>	<b>69</b>	<b>REFUND OR NO AMOUNT DUE.</b> See instructions, page 22. Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-1234</b>	.....	<b>69</b>	<b>215</b>
	<b>70</b>	<b>AMOUNT YOU OWE.</b> See instructions, page 22. Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-1234</b>	.....	<b>70</b>	

<b>Interest and Penalties</b>	<b>71</b>	Interest, late return penalties, and late payment penalties	.....	<b>71</b>	
	<b>72</b>	Underpayment of estimated tax. Fill in circle: <input type="radio"/> <b>FTB 5805 attached</b> <input type="radio"/> <b>FTB 5805F attached</b>	.....	<b>72</b>	
	<b>73</b>	Total amount due. See instructions, page 23. Enclose, but do not staple, any payment	.....	<b>73</b>	
	<b>74</b>	If you <b>do not</b> need California income tax forms mailed to you next year, fill in the circle	.....	<b>74</b>	<input type="radio"/>

<b>Direct Deposit (Refund Only)</b>	Do not attach a voided check or a deposit slip. See instructions, page 24					
	Fill in the boxes to have your refund directly deposited. Routing number					
	Account Type: Checking <input type="radio"/> Savings <input type="radio"/> Account number					

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. **3**

**Sign Here**

It is unlawful to forge a spouse's signature.

Joint return? See instructions, page 24.

Your signature	Spouse's signature (if filing jointly, both must sign)	Daytime phone number (optional)
X	X	( )
Paid preparer's signature ( <i>declaration of preparer is based on all information of which preparer has any knowledge</i> )		Date
Firm's name (or yours if self-employed)		FEIN